

TITLE IV-E INITIAL ELIGIBILITY/REIMBURSABILITY DETERMINATION SUMMARY

PURPOSE:

The purpose of this form is to provide the Children's Service Worker (CSW) or Division of Youth Services (DYS) Worker with a summary of a child's Title IV-E eligibility/reimburseability determination information. The form is completed by the ES in black ink or typed.

NUMBER OF COPIES AND DISTRIBUTION:

The original is sent by the ES to the CSW for a DFS child and is retained in the child's record. The original is sent to the following address for a DYS Youth:

Director of Management Information  
Division of Youth Services  
Post Office Box 447  
Jefferson City, MO 65102

INSTRUCTIONS FOR COMPLETION:

Child's Name: Enter the child's name as it appears on the SS-61.

DCN: Enter the child's DCN.

Initial Eligibility/Redetermination: Check the appropriate box.

Initial Legal Status: Check "Yes" or "No" and enter the requested information.

AFDC Relatedness: Check "Yes" or "No" and check the appropriate reason.

Summary: Check the appropriate eligibility box. If the child is not eligible, check the reason.

NOTE: Clarify in the blank space section of the Summary what action (if any) is required of the CSW or the DYS Worker.

Reimburseability - One Time Criteria:

Pursuant to Court Order: Check "Yes" or "No."

Legal Responsibility: Check "Yes" or "No."

Reasonable Efforts: Check "Yes" or "No."

Date of Court Order: Enter the month/day/year of the Court order.

SSI & Title IV-E: Check "Yes" or "No."

Reimbursability - Monthly Criteria:

Child's Age: Check "Yes" or "No."

Parental Support: Check "Yes" or "No."

Reimbursable facility: Check "Yes" or "No."

AFDC standard: Check "Yes" or "No."

Child's income: Check "Yes" or "No."

Summary:

Check the appropriate box. If the child does not meet reimbursable criteria, check the appropriate reason(s).

Months reimbursable: Enter the month(s)/year(s) the child is Title IV-E reimbursable.

NOTE: Clarify in the blank space section of the Summary what action (if any) is required of the CSW or the DYS Worker. For a DYS youth only, indicate that the youth is eligible for Title IV-E, Title XIX FFP Only or General Revenue (GR) (State Only funds) Medicaid.

Signature: The ES signs and dates the form.

INSTRUCTIONS FOR RETENTION:

A copy of this form is retained in the Title IV-E/FFP Section of the child's record until the DFS child's record is destroyed as specified in the Alternative Care Handbook or a DYS youth's case has been destroyed via DYS notification.

MEMORANDA HISTORY: CS91-6; CS92-17